

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005734

FILED
Jul 10, 2009
Secretary of State

Entity Name: FUNDACION INTERNACIONAL AMIGOS DEL NINO CON CANCER, INC.

Current Principal Place of Business:

P.O. BOX 432194
SOUTH MIAMI, FL 332432194

New Principal Place of Business:

3020 MC DONALDS
MIAMI, FL 33133

Current Mailing Address:

P.O. BOX 432194
SOUTH MIAMI, FL 332432194

New Mailing Address:

FEI Number: 65-0714933 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTINEZ, BEATRIZ
1101 BRICKELL AVE
SUITE 1102-B
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEATRIZ, MARTINEZ
Address: 7809 SW 102 LN
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: ANELIES, BOSCHETTI
Address: 3220 MCDONALD ST
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MARTINEZ, HEIDI
Address: 181 VERA COURT
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: MENDOZA, LOURDES J
Address: 4779 COLLINS AVE., STE 3505
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: GARCIA, HAMBLET
Address: 1550 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LOMBARDI, DANIEL
Address: 4780 PINETREE DR # 8
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANELIES BOSCHETTI

VD

07/10/2009

Electronic Signature of Signing Officer or Director

Date